



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

OFFICE LOCATIONS SUPPLEMENTAL FORM B

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 through - 122.
www.sccconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information must be provided for each location located in South Carolina as well as each location located outside the State and offering credit counseling services to debtors located in South Carolina. Complete the form in its entirety. Use this form to notify the Department of any changes in the information contained herein. Incomplete information could result in delay or denial of your application.

COMPANY INFORMATION

Company Name: _____ License Number: _____

Contact Person: _____
(Last) (First) (Middle)

Company's Principal Address: _____
(Street Address)

(City) (State) (Zip Code)

Location Manager/Supervisor: _____
(Last) (First) (Middle)

Office Address: _____
(Street Address)

(City) (State) (Zip Code) (County)

Telephone Number: () - _____ Fax Number: () - _____

Web Address: _____ E-Mail Address: _____

EMPLOYEE INFORMATION

List all employees engaged in credit counseling services by name, for this location (Attach additional page(s) as necessary)

Employees (List Alphabetically)		Title or Position	Date of Employment	License Number (If a Credit Counselor)
1.				
2.				

REASON FOR SUBMISSION (Check the appropriate box)

- ☐ **Initial Application** (Each location requires a \$100 licensing fee)
☐ **Renewal Application** (Each location requires a \$100 licensing fee)
☐ **Add Location** (Each location requires a \$100 licensing fee)
☐ **Relocation of Office** (Former Address)

Effective Date: _____ / _____ / _____
Effective Date: _____ / _____ / _____

(Street) (City) (State) (Zip Code) (County)

☐ **Inactivate this location** (Must terminate or transfer employees) **Effective Date:** _____ / _____ / _____

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature of Member, Owner, Partner, Officer or Director

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

Type or Print your Name and Business Relationship or Title

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.